



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tollefson	James		545-4300 x 388
MAILING ADDRESS (Street)			FAX
1132 Bishop St. Suite 402			545-4369
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
The Chamber of Commerce of Hawaii		545-4300
MAILING ADDRESS (Street)		FAX
1132 Bishop St. Suite 402		545-4369
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lisa Miyahira		545-4300 x 389
MAILING ADDRESS (Street)		FAX
1132 Bishop St. Suite 402		545-4369
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

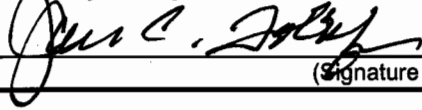
Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use ManagementOther: (indicate below)  
\_\_\_\_\_  
\_\_\_\_\_Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

01/12/06

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Harry Saunders

Chairman of the Board

NAME OF ORGANIZATION (if applicable)

TELEPHONE

The Chamber of Commerce of Hawaii

545-4300

MAILING ADDRESS (Street)

FAX

1132 Bishop St. Suite 402

545-4369

(City)

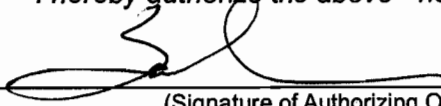
(State)

(Zip Code)

Honolulu

Hawaii

96813

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

JAN 26 2006

(Date)